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CONFIRMATION NO. 2115

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | | |
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| 10/587,782 | 04/18/2007 | 310 | 3767 | 28091/210 | | |
| RULE | | | | | | |
| APPLICANTS Joseph Hermes Kaal, Morpeth, AUSTRALIA; Craig Stephen Thorley, Largs, AUSTRALIA; Damien Judd, Heathmont, AUSTRALIA; ** CONTINUING DATA ***** This application is a 371 of PCT/AU05/00106 01/28/2005 ** FOREIGN APPLICATIONS ***** AUSTRALIA 2004900363 01/28/2004 ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 05/19/2008 | | | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /MARIA E DOUKAS/ Acknowledged Examiner's Signature | | <input type="checkbox"/> Met after Allowance /MD/ Initials | STATE OR COUNTRY AUSTRALIA | SHEETS DRAWINGS 0 | TOTAL CLAIMS 29 | INDEPENDENT CLAIMS 6 |
| ADDRESS NIXON PEABODY LLP - PATENT GROUP 1100 CLINTON SQUARE ROCHESTER, NY 14604 UNITED STATES | | | | | | |
| TITLE Automatically Disabled Syringe | | | | | | |
| FILING FEE RECEIVED 1040 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |